



Elaine F. Marshall, North Carolina Secretary of State

2020 LIAISON MONTHLY EXPENSE REPORT☐ **AMENDED REPORT** (Check if amending previously filed report.)

Original Tracking # _____

PERIOD: Monthly: _____ (Please enter month)

Name of Liaison as Registered: _____

Complete Name of Governmental Entity: _____

- ☐ I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR
- ☐ I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C-401(b1).

***Expense Codes**

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other

Section A. LIAISON MADE & GOVERNMENTAL AGENCY REIMBURSED:

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	Exp. Code (see above)	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$

This Period's Subtotal: (Must enter total or "0")

\$ _____

SECTION B: LIAISON MADE & GOVERNMENTAL AGENCY DID NOT REIMBURSE:

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
				\$
				\$
				\$
				\$

This Period's Subtotal (Must enter total or "0")

\$ _____

Part II: Certification and Notarization**IMPORTANT INSTRUCTIONS FOR LIAISON AND NOTARY**

THE LIAISON MUST SIGN AND DATE THIS SECTION TO CERTIFY REPORT UNDER OATH. VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF THE REPORT.

STATE OF _____ (Venue must be filled in)

COUNTY OF _____ (Venue must be filled in)

The undersigned, being first duly sworn, hereby certifies that he/she has no expenditures pursuant to G.S. 120C-402 to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Signature of Liaison: _____ Date: _____

Sworn to (or affirmed) and subscribed before me,

This ____ day of _____, 202____.

Signature of Notary Public_____
Printed Name of Notary Public

My commission expires: _____ (NOTARY STAMP OR SEAL)

Signature of report preparer if other than liaison: _____

Printed name of report preparer if other than liaison: _____

(FOR COMPLETION AND SIGNATURE, ONLY IF REPORT PREPARER IS THE PERSON OTHER THAN THE REPORTING LIAISON WHO HAS EXERCISED INDEPENDENT JUDGMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN.)